

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 24										
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 0.8em;">MS / MRS / MR NICKNAME</td> <td style="width:40%; font-size: 0.8em;">FIRST LAST</td> <td style="width:20%; font-size: 0.8em;">MI SUFFIX</td> </tr> <tr> <td style="font-size: 1.2em;">MS</td> <td style="font-size: 1.2em;">ANNE DUFFY</td> <td style="font-size: 1.2em;">K</td> </tr> </table>	MS / MRS / MR NICKNAME	FIRST LAST	MI SUFFIX	MS	ANNE DUFFY	K	OFFICE USE ONLY					
MS / MRS / MR NICKNAME	FIRST LAST	MI SUFFIX											
MS	ANNE DUFFY	K											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: 0.8em;">ADDRESS / PO BOX;</td> <td style="width:15%; font-size: 0.8em;">APT / SUITE #;</td> <td style="width:15%; font-size: 0.8em;">CITY;</td> <td style="width:15%; font-size: 0.8em;">STATE;</td> <td style="width:25%; font-size: 0.8em;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="font-size: 1.2em;">2311 Egoa Kaitlin Ln Cedar Park TX 78613</td> </tr> </table>			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	2311 Egoa Kaitlin Ln Cedar Park TX 78613				
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5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 0.8em;">AREA CODE</td> <td style="width:40%; font-size: 0.8em;">PHONE NUMBER</td> <td style="width:20%; font-size: 0.8em;">EXTENSION</td> </tr> <tr> <td style="font-size: 1.2em;">(512)</td> <td style="font-size: 1.2em;">736-4867</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(512)	736-4867		Date Received 19 JAN 11 4:20			
AREA CODE	PHONE NUMBER	EXTENSION											
(512)	736-4867												
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 0.8em;">MS / MRS / MR NICKNAME</td> <td style="width:40%; font-size: 0.8em;">FIRST LAST</td> <td style="width:20%; font-size: 0.8em;">MI SUFFIX</td> </tr> <tr> <td style="font-size: 1.2em;">Mrs</td> <td style="font-size: 1.2em;">Heidi Houdek</td> <td></td> </tr> </table>	MS / MRS / MR NICKNAME	FIRST LAST	MI SUFFIX	Mrs	Heidi Houdek		Date Hand-delivered or Date Postmarked LMR 1-10-19	Receipt # Amount \$ Date Processed Date Imaged				
MS / MRS / MR NICKNAME	FIRST LAST	MI SUFFIX											
Mrs	Heidi Houdek												
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; font-size: 0.8em;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%; font-size: 0.8em;">APT / SUITE #;</td> <td style="width:15%; font-size: 0.8em;">CITY;</td> <td style="width:15%; font-size: 0.8em;">STATE;</td> <td style="width:15%; font-size: 0.8em;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="font-size: 1.2em;">1872 Nelson Ranch Loop Cedar Park, TX 78613</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	1872 Nelson Ranch Loop Cedar Park, TX 78613				
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AREA CODE	PHONE NUMBER	EXTENSION											
(512)	7500-8401												
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 6th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 6th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center; font-size: 0.8em;">Month Day Year</td> <td style="width:20%; text-align: center; font-size: 0.8em;">THROUGH</td> <td style="width:25%; text-align: center; font-size: 0.8em;">Month Day Year</td> </tr> <tr> <td style="font-size: 1.5em; text-align: center;">7 / 14 / 18</td> <td></td> <td style="font-size: 1.5em; text-align: center;">12 / 31 / 18</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	7 / 14 / 18		12 / 31 / 18				
Month Day Year	THROUGH	Month Day Year											
7 / 14 / 18		12 / 31 / 18											
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: 0.8em;">ELECTION DATE</td> <td style="width:70%; font-size: 0.8em;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: 0.8em;">Month Day Year</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> <tr> <td style="font-size: 1.2em;">/ /</td> <td></td> </tr> </table>	ELECTION DATE	ELECTION TYPE	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	/ /							
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Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special												
/ /													
12 OFFICE	OFFICE HELD (if any) City of Cedar Park City Council #13	13 OFFICE SOUGHT (if known)											

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 G/OH NAME Anne K. Duffy 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

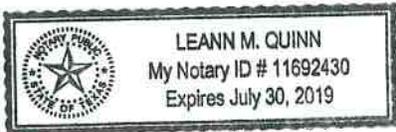
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,960
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 522.04
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 12,427.13
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 16, Election Code.

Anne K. Duffy
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Anne Duffy, this the 10th day of January 2019, to certify which, witness my hand and seal of office.

LeAnn M. Quinn LeAnn M. Quinn City Sec
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Anne K. Duffy</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,960
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 522.04
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 14

2 FILER NAME
Anne K. Duffy

3 Filer ID (Ethics Commission Filers)

4 Date
11/18/18

5 Full name of contributor out-of-state PAC (ID#: _____)
Sheron Weachter

7 Amount of contribution (\$)
\$500⁰⁰

6 Contributor address; City; State; Zip Code
4306 Laguna Ridge Dr
Cedar Park TX 78613

8 Principal occupation / Job title (See Instructions)
SAMM

9 Employer (See Instructions)
Self

Date
11/18/18

Full name of contributor out-of-state PAC (ID#: _____)
Gini Alvar

Amount of contribution (\$)
\$500⁰⁰

Contributor address; City; State; Zip Code
107 McBride Ln
Cedar Park TX 78613

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/18/18

Full name of contributor out-of-state PAC (ID#: _____)
Bonnie Lester

Amount of contribution (\$)
\$25⁰⁰

Contributor address; City; State; Zip Code
2209 Flaming Tree Ct
Cedar Park, TX 78613

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
N/A

Date
11/18/18

Full name of contributor out-of-state PAC (ID#: _____)
Christina Legrand

Amount of contribution (\$)
\$500⁰⁰

Contributor address; City; State; Zip Code
2127 Heather Dr
Cedar Park, TX 78613

Principal occupation / Job title (See Instructions)
Realtor

Employer (See Instructions)
Remax

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

14

2 FILER NAME

Anne K. Duffy

3 Filer ID (Ethics Commission Filers)

4 Date

11/18/18

5 Full name of contributor

Christina Cavalli

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100⁰⁰

6 Contributor address; City; State; Zip Code

3300 Mossy Grove Ct
Cedar Park, TX 78613

8 Principal occupation / Job title (See Instructions)

Professor

9 Employer (See Instructions)

ACE

Date

11/19/18

Full name of contributor

Taina Thakur

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$25⁰⁰

Contributor address; City; State; Zip Code

404 Kiley Trail
Cedar Park, TX 78613

Principal occupation / Job title (See Instructions)

Student

Employer (See Instructions)

N/A

Date

11/19/18

Full name of contributor

Cliff Anderson

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$20⁰⁰

Contributor address; City; State; Zip Code

4535 Chairmont Dr
Cedar Park, TX 78613

Principal occupation / Job title (See Instructions)

Technical Support Engineer

Employer (See Instructions)

FreightWatch

Date

11/28/18

Full name of contributor

Mark Anderson

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100⁰⁰

Contributor address; City; State; Zip Code

1435 Jenna Ln
Cedar Park, TX 78613

Principal occupation / Job title (See Instructions)

Software Tester

Employer (See Instructions)

Square Root

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **14**

2 FILER NAME

Anne Duffy

3 Filer ID (Ethics Commission Filers)

4 Date

12/6/18

5 Full name of contributor

Stephen Thomas

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$500⁰⁰

6 Contributor address; City; State; Zip Code

**2002 Bourne Bishop
Cedar Park, TX 78613**

8 Principal occupation / Job title (See Instructions)

Executive

9 Employer (See Instructions)

TMF HQ 1

Date

12/19/18

Full name of contributor

Patrick Rice

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500⁰⁰

Contributor address; City; State; Zip Code

**700 Belva
Cedar Marcos, TX 78646**

Principal occupation / Job title (See Instructions)

Commercial Real Estate

Employer (See Instructions)

Corridor Title

Date

12/14/18

Full name of contributor

Corbin Van Arsdale

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500⁰⁰

Contributor address; City; State; Zip Code

**221 E. 9th St
Austin, TX 78701**

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

AGC

Date

12/10/18

Full name of contributor

Hillco PAC

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500⁰⁰

Contributor address; City; State; Zip Code

**823 Congress Ave #900
Austin, TX 78701**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: 14

2 FILER NAME

Anne & Buffy

3 Filer ID (Ethics Commission Filers)

4 Date

12/17/18

5 Full name of contributor

Neal T. "Buddy" Jones

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$2500⁰⁰

6 Contributor address; City; State; Zip Code

823 Congress Ave Cste 900
Austin, TX 78701

8 Principal occupation / Job title (See Instructions)

Treasurer

9 Employer (See Instructions)

Hillco PAC

Date

12/17/18

Full name of contributor

R. Clint Smith

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$2500⁰⁰

Contributor address; City; State; Zip Code

504 Breckinridge Way
Georgetown, TX 78626

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Hillco

Date

12/20/18

Full name of contributor

Hughes-Blackwell

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1700⁰⁰

Contributor address; City; State; Zip Code

111 Congress Ave Cste 1400
Austin, TX 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/21/18

Full name of contributor

Coara-Cann Groff

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$300⁰⁰

Contributor address; City; State; Zip Code

817 Woodmont
Cedar Park, TX 78613

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Coara-Cann

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 14

2 FILER NAME

Anne K. Duffy

3 Filer ID (Ethics Commission Filers)

4 Date

12/26/18

5 Full name of contributor

Rebecca Russo

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$500⁰⁰

6 Contributor address; City; State; Zip Code

2504 Guara Dr.
Cedar Park, TX 78613

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/26/18

Full name of contributor

John Landwehrmeyer

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500⁰⁰

Contributor address; City; State; Zip Code

2504 Guara Dr.
Cedar Park, TX 78613

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/28/18

Full name of contributor

John Doney

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250⁰⁰

Contributor address; City; State; Zip Code

11008 Chellay Water Rd.
Austin Cedar Park, TX 78717

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

President

TCSAA, LLC

Date

12/29/18

Full name of contributor

John Doney Campaign

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250⁰⁰

Contributor address; City; State; Zip Code

1601 E. Whitestone Blvd
Cedar Park, TX 78613

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: 14

2 FILER NAME

Anne K. Duffy

3 Filer ID (Ethics Commission Filers)

4 Date

12/28/18

5 Full name of contributor

Allicon Heinrich

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100⁰⁰

6 Contributor address; City; State; Zip Code

2301 Phelan Rd #107
Austin, TX 78757

8 Principal occupation / Job title (See Instructions)

Political Consultant

9 Employer (See Instructions)

Self

Date

12/28/18

Full name of contributor

Daron Archer

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250⁰⁰

Contributor address; City; State; Zip Code

10209 Cama Valley Cove
Austin, TX 78739

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Walker Partners

Date

12/28/18

Full name of contributor

Georganne Duron

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$25⁰⁰

Contributor address; City; State; Zip Code

3713 Tall Cedars Rd.

Principal occupation / Job title (See Instructions)

Recruiter

Employer (See Instructions)

Self

Date

12/29/18

Full name of contributor

Luis TerVigon

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$150⁰⁰

Contributor address; City; State; Zip Code

2109 Beechnut Trace
Cedar Park, TX 78613

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages, Schedule A1: 14

2 FILER NAME

Anne K. Duffy

3 Filer ID (Ethics Commission Filers)

4 Date

12/29/18

5 Full name of contributor

Luis Trevigon

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$10⁰⁰

6 Contributor address:

2401 Beechnut Trace
Cedar Park, TX 78613

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

N/A

Date

12/29/18

Full name of contributor

Porandie Henderson

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$25⁰⁰

Contributor address:

501 Westminster Place
Round Rock, TX 78664

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Social Media Coord.

Employer (See Instructions)

Informa, Inc.

Date

12/29/18

Full name of contributor

Jodi Ray

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500⁰⁰

Contributor address:

2502 Preserve Trail
Cedar Park, TX 78613

City: State: Zip Code

Principal occupation / Job title (See Instructions)

SAHM

Employer (See Instructions)

N/A

Date

12/29/18

Full name of contributor

Shellie Hayes-McMahon

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$25⁰⁰

Contributor address:

816 Bogart
Cedar Park, TX 78613

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Operations Director

Employer (See Instructions)

Annie's List

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: 14

2 FILER NAME

Anne K. Duffy

3 Filer ID (Ethics Commission Filers)

4 Date

12/29/18

5 Full name of contributor

Andrea Linsom

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$250⁰⁰

6 Contributor address; City; State; Zip Code

220 Sullivan Ct
Hutto, TX 78134

8 Principal occupation / Job title (See Instructions)

RN

9 Employer (See Instructions)

TX HHS

Date

12/29/18

Full name of contributor

Wade Roquemore

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50⁰⁰

Contributor address; City; State; Zip Code

228 Cimarron Hills Trail East
Georgetown TX 78628

Principal occupation / Job title (See Instructions)

Transportation Sales Broker

Employer (See Instructions)

In-Line Transportation, Inc.

Date

12/29/18

Full name of contributor

Kend Dianne Lawrence

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100⁰⁰

Contributor address; City; State; Zip Code

13307 Hunters Hollow Ct.
Cedar Park TX 78230

Principal occupation / Job title (See Instructions)

Col. US Army - Retired

Employer (See Instructions)

N/A

Date

12/29/18

Full name of contributor

Jean Bishop

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100⁰⁰

Contributor address; City; State; Zip Code

1715 Atlantica Ct.
Cedar Park, TX 78613

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages/Schedule A1: 14

2 FILER NAME

Anne K. Duffy

3 Filer ID (Ethics Commission Filers)

4 Date

12/29/18

5 Full name of contributor

Loganathan Pillay

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$10⁰⁰

6 Contributor address; City; State; Zip Code

110 Chuck Creek Trl
Cedar Park, TX 78613

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

N/A

Date

12/30/18

Full name of contributor

Chris Ellis

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1000⁰⁰

Contributor address; City; State; Zip Code

1702 Channel Road
Austin, TX 78746

Principal occupation / Job title (See Instructions)

Managing Principal

Employer (See Instructions)

Endeavor

Date

12/30/18

Full name of contributor

Michael Thompson

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100⁰⁰

Contributor address; City; State; Zip Code

2413 Honeycreek Springs Ln
Cedar Park, TX 78613

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

IBM

Date

12/30/18

Full name of contributor

Rashed Islam

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$200⁰⁰

Contributor address; City; State; Zip Code

11901 Palisades Pkwy
Austin, TX 78732

Principal occupation / Job title (See Instructions)

VP

Employer (See Instructions)

HDR

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 14

2 FILER NAME
Anne K. Duffy

3 Filer ID (Ethics Commission Filers)

4 Date
12/30/18

5 Full name of contributor out-of-state PAC (ID#: _____)
Kelly Kaatz

7 Amount of contribution (\$)
\$200⁰⁰

6 Contributor address; City; State; Zip Code
347 Esperanza Trail
Johnson City, TX 78636

8 Principal occupation / Job title (See Instructions)
Civil Engineer

9 Employer (See Instructions)
HDR

Date
12/31/18

Full name of contributor out-of-state PAC (ID#: _____)
David Johnson

Amount of contribution (\$)
\$5000⁰⁰

Contributor address; City; State; Zip Code
3977 Fall Creek Rd.
Cedarsouth, TX 78119

Principal occupation / Job title (See Instructions)

Employer (See Instructions)
Self

Date
12/31/18

Full name of contributor out-of-state PAC (ID#: _____)
Corbin Van Arsdale

Amount of contribution (\$)
\$100⁰⁰

Contributor address; City; State; Zip Code
221 E. 9th St, CSTE 300
Austin, TX 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)
AGC

Date
12/31/18

Full name of contributor out-of-state PAC (ID#: _____)
Stephen Thomas

Amount of contribution (\$)
\$1500⁰⁰

Contributor address; City; State; Zip Code
2002 Pournie Bishop
Cedar Park, TX 78613

Principal occupation / Job title (See Instructions)

Employer (See Instructions)
TUF HQ

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 12

2 FILER NAME

Anne K. Duffy

3 Filer ID (Ethics Commission Filers)

4 Date

12/26/18

5 Full name of contributor

Brian Rice

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 2500⁰⁰

6 Contributor address;

2905 Bryan Wood Ct.
Cedar Park, TX 78613

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

PE / Corporate VP

9 Employer (See Instructions)

Barkley Barfield

Date

12/27/18

Full name of contributor

Jennifer Schrock / Kenneth Schrock

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 2500⁰⁰

Contributor address;

9202 Calver Pine Cove
Austin, TX 78733

City; State; Zip Code

Principal occupation / Job title (See Instructions)

SVP

Employer (See Instructions)

LJA Engineering, Inc

Date

12/31/18

Full name of contributor

Chay Roalson

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 1500⁰⁰

Contributor address;

7006 S 2nd St
Austin, TX 78704

City; State; Zip Code

Principal occupation / Job title (See Instructions)

VP

Employer (See Instructions)

HDR

Date

12/31/18

Full name of contributor

Eric Perardi

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 7000⁰⁰

Contributor address;

1116 Terjola Ln
Austin, TX 78732

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Commercial Real Estate

Employer (See Instructions)

Perardi Dev. / Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 12

2 FILER NAME

Anne K. Duffy

3 Filer ID (Ethics Commission Filers)

4 Date

12/28/18

5 Full name of contributor

Freese & Nichols PAC

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$9000⁰⁰

6 Contributor address; City; State; Zip Code

4055 International Plaza, Ste 200
FORT WORTH, TX 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/31/18

Full name of contributor

John Trube

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$2500⁰⁰

Contributor address; City; State; Zip Code

2702 Scenic Drive
AUSTIN, TX 78703

Principal occupation / Job title (See Instructions)

Real Estate Development

Employer (See Instructions)

Self

Date

12/31/18

Full name of contributor

Sandra Khoumy

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$2500⁰⁰

Contributor address; City; State; Zip Code

2075 Lymwood Trail
CEDAR PARK, TX 78613

Principal occupation / Job title (See Instructions)

PE

Employer (See Instructions)

Date

12/31/18

Full name of contributor

Maria Martin

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1000⁰⁰

Contributor address; City; State; Zip Code

2700 Sandra Ln.
CEDAR PARK, TX 78613

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 14

2 FILER NAME

Anne K. Duffy

3 Filer ID (Ethics Commission Filers)

4 Date

12/31/18

5 Full name of contributor

Kim Gilby

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$25⁰⁰

6 Contributor address; City; State; Zip Code

720 Nelson Ranch Rd
Cedar Park, TX 78613

8 Principal occupation / Job title (See Instructions)

None

9 Employer (See Instructions)

N/A

Date

12/31/18

Full name of contributor

Brian Cronin

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500⁰⁰

Contributor address; City; State; Zip Code

15008 Covannah Heights Dr.
Austin, TX 78717

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

ICF

Date

12/31/18

Full name of contributor

Adrian Wfcschanowski

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1500⁰⁰

Contributor address; City; State; Zip Code

4417 Aden Lane
Austin, TX 78739

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

Thrive, FP

Date

12/31/18

Full name of contributor

Eileen Bonds

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$25⁰⁰

Contributor address; City; State; Zip Code

5731 16th St
Lubbock, TX 79424

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 14

2 FILER NAME

Anne K. Duffy

3 Filer ID (Ethics Commission Filers)

4 Date

12/31/18

5 Full name of contributor out-of-state PAC (ID#: _____)

Denise Gordon

7 Amount of contribution (\$)

\$20.00

6 Contributor address; City; State; Zip Code

38506 Newland Ct
Round Rock, TX 78681

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

N/A

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME Anne K. Duffy	3 Filer ID (Ethics Commission Filers)
--	--------------------------------------	---------------------------------------

4 Date 11/28/18	5 Payee name PayPal
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6 Amount (\$) 3.20	7 Payee address, City, State, Zip Code 2211 North First St San Jose, CA 95131
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Anne Duffy	Office sought	Office held City Council P13
---	--	---------------	--

Date 12/19/18	Payee name PayPal
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Amount (\$) 14.80	Payee address, City, State, Zip Code 2211 North First St San Jose, CA 95131
-----------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Anne Duffy	Office sought	Office held City Council, P13
---	--	---------------	---

Date 7/16/18	Payee name PayPal
------------------------	-----------------------------

Amount (\$) 9.00	Payee address, City, State, Zip Code 2211 North First St San Jose, CA 95131
----------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Anne Duffy	Office sought	Office held City Council, P13
---	--	---------------	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>7</u>	2 FILER NAME <u>Anne Duffy</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>12/14/18</u>	5 Payee name <u>Softform INC</u>	
6 Amount (\$) <u>39.00</u>	7 Payee address; City; State; Zip Code <u>1700 Montgomery St San Francisco, CA 94111</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Solicitation Fundraising Expense</u>	
	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Anne K. Duffy</u>	Office sought <u>City Council P13</u>
Date <u>12/28/18</u>	Payee name <u>WIX.COM</u>	
Amount (\$) <u>30.00</u>	Payee address; City; State; Zip Code <u>PO box 40190 San Francisco, CA 94140</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expenses</u>	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Anne Duffy</u>	Office held <u>City Council P13</u>
Date <u>12/31/18</u>	Payee name <u>Donate Way</u>	
Amount (\$) <u>49.60</u>	Payee address; City; State; Zip Code <u>PO box 301267 Austin TX</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees</u>	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Anne Duffy</u>	Office held <u>City Council P13</u>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>7</u>	2 FILER NAME <u>Anne K Duffy</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>7/30/18</u>	5 Payee name <u>WIX.COM</u>	
6 Amount (\$) <u>30.00</u>	7 Payee address; City; State; Zip Code <u>PO Box 40190 San Francisco, CA 94140</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <u>Anne Duffy</u> Office sought: <u>City Council, P13</u> Office held: <u>City Council, P13</u>	
Date <u>8/6/18</u>	Payee name <u>WIX.COM</u>	
Amount (\$) <u>4.99</u>	Payee address; City; State; Zip Code <u>PO Box 40190 San Francisco, CA 94140</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <u>Anne Duffy</u> Office sought: <u>City Council, P13</u> Office held: <u>City Council, P13</u>	
Date <u>8/13/18</u>	Payee name <u>dot form INC</u>	
Amount (\$) <u>39.00</u>	Payee address; City; State; Zip Code <u>1700 Montgomery St San Francisco 94111</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Solicitation / Fundraising Expense</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <u>Anne Duffy</u> Office sought: <u>City Council, P13</u> Office held: <u>City Council, P13</u>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME Anne Duffy	3 Filer ID (Ethics Commission Filers)
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4 Date 8/27/18	5 Payee name WIV.COM
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6 Amount (\$) 30.00	7 Payee address; City; State; Zip Code PO BOX 40190 San Francisco, CA 94140
-------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Anne R. Duffy	Office sought	Office held City Council, P13
--	---	---------------	---

Date 9/6/18	Payee name WIV.COM
-----------------------	------------------------------

Amount (\$) 4.99	Payee address; City; State; Zip Code PO BOX 40190 San Francisco, CA 94140
----------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Anne R. Duffy	Office sought	Office held City Council, P13
--	---	---------------	---

Date 9/12/18	Payee name Jetform INC
------------------------	----------------------------------

Amount (\$) 39.00	Payee address; City; State; Zip Code 1700 Montgomery St. San Francisco, CA 94111
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Anne R. Duffy	Office sought	Office held City Council, P13
--	---	---------------	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7		2 FILER NAME: Anne Duffy		3 Filer ID (Ethics Commission Filers)	
4 Date: 9/28/18		5 Payee name: WIX. COM			
6 Amount (\$): 3000		7 Payee address; City; State; Zip Code: PO Box 40190 San Francisco, CA 94140			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Advertising Expense		(b) Description		
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name: Anne Duffy		Office sought: City Council, #13	
Date: 10/9/18		Payee name: WIX. COM			
Amount (\$): 499		Payee address; City; State; Zip Code: PO Box 40190 San Francisco, CA 94140			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Advertising Expense		Description		
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name: Anne Duffy		Office sought: City Council, #13	
Date: 10/12/18		Payee name: Hotform INC			
Amount (\$): 3900		Payee address; City; State; Zip Code: 1700 Montgomery St San Francisco 94111			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Fundraising Expense		Description		
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name: Anne Duffy		Office sought: City Council, #13	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7		2 FILER NAME Anne Duffy		3 Filer ID (Ethics Commission Filers)	
4 Date 11/27/18		5 Payee name WIX.COM			
6 Amount (\$) 30.00		7 Payee address; City; State; Zip Code PO Box 40190 San Francisco, CA 94140			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expenses		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Anne Duffy		Office sought		Office held City Council, P13
Date 12/6/18		Payee name WIX.COM			
Amount (\$) 4.99		Payee address; City; State; Zip Code PO Box 40190 San Francisco, CA 94140			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Anne Duffy		Office sought		Office held City Council, P13
Date 12/7/18		Payee name WIX DNS INC.NET			
Amount (\$) 45.42		Payee address; City; State; Zip Code 924 Bergen Ave Jersey City, NJ 07306			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Anne Duffy		Office sought		Office held City Council, P13

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME Anne Duffy	3 Filer ID (Ethics Commission Filers)
4 Date 10/29/18	5 Payee name WIX.COM	
6 Amount (\$) 30.00	7 Payee address; City; State; Zip Code PO BOX 40190 San Francisco, CA 94140	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Annek. Duffy Office sought: City Council, #13 Office held: City Council, #13	
Date 11/6/18	Payee name WIX.COM	
Amount (\$) 4.99	Payee address; City; State; Zip Code PO BOX 40190 San Francisco, CA 94140	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Annek. Duffy Office sought: City Council, #13 Office held: City Council, #13	
Date 11/13/18	Payee name Jotform INC	
Amount (\$) 39.50	Payee address; City; State; Zip Code 1700 Montgomery St. San Francisco, CA 94111	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation / Fundraising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Annek. Duffy Office sought: City Council, #13 Office held: City Council, #13	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED